

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90109 010 \*\*\*150.00

**DOCUMENT # P95000050937**

1. Entity Name

**WALLFLOWERS, INC.**

Principal Place of Business

Mailing Address

#511 HIGHWAY 98 EAST  
 DESTIN FL 32541

#511 HIGHWAY 98 EAST  
 DESTIN FL 32541-2327

2. Principal Place of Business

3. Mailing Address

**511 Hwy 98 EAST**  
 Suite, Apt. #, etc.

**511 Hwy 98 EAST**  
 Suite, Apt. #, etc.

City & State

**DESTIN, FL.**

City & State

**DESTIN, FL.**

Zip

**32541**

Country

**US**

Zip

**32541**

Country

**U.S.**

4. FEI Number

**59-3325183**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYNOLDS, KATHLEEN ESQUIRE**  
**305 MAIN STREET**  
**DESTIN FL 32541**

Name

**Same as at left -**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **KATHLEEN REYNOLDS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

**4/27/2000**  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PVP</b>	<input type="checkbox"/> Delete
NAME	<b>HOLMAN, FAITH E</b>	
STREET ADDRESS	<b>511 HWY 98</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FAITH E HOLMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/2000 - 850-650-0235**  
 Date Daytime Phone #